

CANCELLATION OF ELECTION OF INDIVIDUAL, PARTNER, OR SELF-EMPLOYED INDIVIDUAL TO COME WITHIN THE PROVISIONS OF THE KANSAS WORKERS COMPENSATION ACT.

NOTICE: To be processed **all** entries on this form must be completed. All entries, except signatures, must be typed.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Individual Cancelling Election: _____

Name of Business (DBA): _____

Social Security Number of Electing Individual: _____

Address of Individual Cancelling Election: _____

hereby cancels his/her previous election to come within the provisions of the Kansas Workers Compensation Act.

Valid Signature of Individual Cancelling Previous Election

THIS FORM IS NOT VALID UNLESS INSURANCE CARRIER OR GROUP FUNDED POOL ADMINISTRATOR COMPLETES THE BELOW PORTION. (NOTE: Cannot be completed by an insurance agent.) Must be completed by representative of carrier issuing policy.

The _____ states that the above
(Name of Insurance Carrier or Group Funded Pool)
individual who is cancelling his/her election is no longer insured by this carrier or Group Funded Pool. The coverage ceased or will cease on _____.
(Date)

Signature of Representative of Insurance Carrier or Group Funded Pool Issuing Policy

Title of Representative Signing Above

Address of Insurance Carrier or Group Funded Pool

Federal Privacy Act Disclosure Section 7(a)(2)(B)
The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.
The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.